



STATE OF IDAHO
DIVISION OF BUILDING SAFETY
1090 E. WATERTOWER ST.
MERIDIAN, ID 83642 (208) 334-2129
www.state.id.us/dbs/industrial



ALTERNATE CONSTRUCTION OR MATERIALS REQUEST

REQUESTING ORGANIZATION:	DATE:
CONTACT NAME:	
ADDRESS:	
CITY/STATE/ZIP:	TELEPHONE:

CODE REQUIREMENTS:

Attach Documentation:

DESCRIPTION OF ALTERNATE CONSTRUCTION OR MATERIALS REQUESTED:

Attach Documentation

REVIEWER:	RECOMMENDATION:	SIGNATURE:
<input type="checkbox"/> Elevator Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Approve w/ Modifications <input type="checkbox"/> Disapprove	

* Attach Continuation Sheet to describe modifications*

DISPOSITION:	<input type="checkbox"/> APPROVE <input type="checkbox"/> APPROVE WITH MODIFICATIONS <input type="checkbox"/> DISAPPROVE
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Jean Frenette, Bureau Chief

Date

CONTINUATION OF ALTERNATE CONSTRUCTION OR MATERIALS REQUEST

TYPE OF REQUEST: <input type="checkbox"/> ELEVATOR		
LOCATION: _____ _____ _____		
ARCHITECT:		
NAME:	ADDRESS:	TELEPHONE:
ENGINEERING FIRM:		
NAME:	ADDRESS:	TELEPHONE:
INSTALLATION CONTRACTOR:		
NAME:	ADDRESS:	TELEPHONE:
BUILDING INSPECTOR:		
NAME:	ADDRESS:	TELEPHONE:
PROJECT INFORMATION:		
DESIGN COMPLETION DATE:	PLAN REVIEW CONDUCTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	INSTALLATION COMPLETION DATE:
COMMENTS: _____ _____ _____ _____ _____ _____ _____ _____ _____		